


# FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

Form Approved  
Office of Management and Budget  
No. 1215-0188  
Expires: 11-30-2002

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN  
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

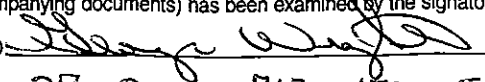
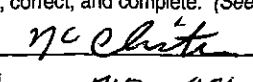
This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 	1. FILE NUMBER 0 1 2 - 6 8 1	2. PERIOD COVERED MO DAY YEAR From 0 7 0 1 2 0 0 0 Through 0 6 3 0 2 0 0 1	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
	<b>IMPORTANT</b>  Peel off the address label from the back of the package and place it here.  If the label information is correct, leave Items 4 through 8 blank.  If any of the label information is incorrect, complete Items 4 through 8.		
4. AFFILIATION OR ORGANIZATION NAME Carpenters AFL-CIO		8. MAILING ADDRESS (Type or print in capital letters.) First Name C a r p e n t e r s Last Name L o c a l U n i o n 2 2 3 2 P.O. Box • Building and Room Number (if any)  Number and Street 1 2 2 6 W e s t S o u t h m o r e City H o u s t o n State ZIP Code + 4 T X 7 7 5 0 2 -	
5. DESIGNATION (Local, Lodge, etc.) Local Union	6. DESIGNATION NUMBER 2232		
7. UNIT NAME (if any)			
9. Are your organization's records kept at its mailing address? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (If "No," provide address in Item 75.)			

75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)	
Item Number 14	Harper & Pearson Company, P.C. - Outside auditors

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

76. SIGNED:  9 127 101 (713) 472-5557 Date Telephone Number	PRESIDENT (If other title, see instructions.)	77. SIGNED:  9 127 101 (713) 472-5557 Date Telephone Number	TREASURER (If other title, see instructions.)
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*During the Reporting Period Did Your Organization:*

- |  | Yes | No |
|--|-----|----|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? .....  |     | X  |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? .....              |     | X  |
| 12. Have a political action committee (PAC) fund? .....  |     | X  |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? .....  |     | X  |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? .....  |     | X  |
| 15. Discover any loss or shortage of funds or other property? .....<br>(Answer "Yes" even if there has been repayment or recovery.)  |     | X  |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ..... |     | X  |
| 17. Liquidate or reduce any liabilities without disbursement of cash? .....  |     | X  |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? ..... 6 5 0

19. What is the date of your organization's next regular election of officers? MO YEAR  
0 6 2 0 0 2

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 5 0 0 0 0

21. What are your organization's rates of dues and fees?  
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 16.75/32.20 per Month (Month, Year, etc.)
(b) Initiation Fees	\$ 60/477
(c) Transfer Fees	\$ 107/147
(d) Work Permits	\$ 30 per Month (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? ..... Yes No  
X

(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)

23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? ..... X

24. Did your organization have any contingent liabilities at the end of the reporting period? ..... X

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

# STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 0 1 2 — 6 8 1

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	ASSETS	Item	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
ASSETS	25. Cash.....			1 8 1 8 1 6	1 5 3 0 1 1
	26. Accounts Receivable.....				
	27. Loans Receivable.....	1			
	28. U.S. Treasury Securities .....				
	29. Investments.....	2			
	30. Fixed Assets .....	5	1 0 6 1 3 3	1 0 1 2 7 3	
	31. Other Assets .....	3		1 8 7 1	
	32. TOTAL ASSETS .....		2 8 7 9 4 9	2 5 6 1 5 5	
LIABILITIES	33. Accounts Payable.....				4 2
	34. Loans Payable.....	8			
	35. Mortgages Payable .....				
	36. Other Liabilities .....	4	1 2 5 1 3		
	37. TOTAL LIABILITIES .....				
	38. NET ASSETS (Item 32 less Item 37) .....		2 7 5 4 3 6	2 5 6 1 1 3	

# STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 0 1 2-6 8 1

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
Item			Item		
39. Dues .....		1 8 0 8 8 4	56. To Officers .....	9	2 1 9 1 5
40. Per Capita Tax .....			57. To Employees .....	10	5 7 4 4 7
41. Fees .....		3 2 1 1 7	58. Per Capita Tax .....		7 9 2 3 4
42. Fines .....		4 4 3 2	59. Fees, Fines, Assessments, etc. ....		
43. Assessments .....			60. Office & Administrative Expense ....	13	3 5 5 0 5
44. Work Permits .....			61. Educational & Publicity Expense ...		
45. Sale of Supplies .....			62. Professional Fees .....		4 8 5 0
46. Interest .....		7 6 4 0	63. Benefits .....	11	1 5 5 6 7
47. Dividends .....			64. Contributions, Gifts & Grants .....	12	
48. Rents .....			65. Supplies for Resale .....		
49. Sale of Investments & Fixed Assets .....	6		66. Direct Taxes .....		
50. Loans Obtained .....	8		67. Withholding Taxes .....		1 8 9 8 2
51. Repayments of Loans Made .....	1		68. Purchase of Investments & Fixed Assets .....	7	3 3 0 2
52. On Behalf of Affiliates for Transmittal to Them .....			69. Loans Made .....	1	
53. From Members for Disbursement on Their Behalf .....			70. Repayment of Loans Obtained .....	8	
54. Other Receipts .....	14	3 5 8 7	71. To Affiliates of Funds Collected on Their Behalf .....		
			72. On Behalf of Individual Members ...		
			73. Other Disbursements .....	15	2 0 6 6 3
55. TOTAL RECEIPTS .....		2 2 8 6 6 0	74. TOTAL DISBURSEMENTS .....		2 5 7 4 6 5

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 0 1 2 - 6 8 1

**Enter Amounts in Dollars Only — Do Not Enter Cents**

## SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
2. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5					
Enter the Totals from Line 6 in ..... <div style="display: flex; justify-content: space-between; width: 100%;"> <span>↑ Item 27 Column (A)</span> <span>↑ Item 69</span> <span>↑ Item 51</span> <span>↑ Item 75 with Explanation</span> <span>↑ Item 27 Column (B)</span> </div>					

## SCHEDULE 2 — INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

Description (A)	Amount (B)
<b>Marketable Securities</b>	
1. Total Cost	
2. Total Book Value	
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
<b>Other Investments</b>	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	
Enter the Total from Line 7 in ..... Item 29, Column (B)	

FILE NUMBER: 0 1 2 - 6 8 1

## SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1. Returned Checks Rec.	1,871
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	1 8 7 1
Enter the Total from Line 7 in ..... Item 31, Column (B)	

## SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	
Enter the Total from Line 7 in ..... Item 36, Column (D)	

# **SCHEDULE 5 — FIXED ASSETS**

FILE NUMBER: 0 1 2 — 6 8 1


Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): 1226 Southmore	13,430		13,430	
2. Totals from additional pages (if any)				
3. Buildings (give location): 1226 Southmore	40,570	17,226	23,344	
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment	46,424	32,763	13,661	
7. Other Fixed Assets Bldg. Improvements	55,739	4,901	50,838	
8. Totals of Lines 1 through 7	156,163	54,890	1 0 1 2 7 3	
<div style="text-align: right;">↑</div> Enter the Total from Line 8, Column (D) in ..... Item 30, Column (B)				

# **SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS**






Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5				
		7. Less Reinvestments		
		8. Net Sales		
<div style="text-align: right;">↑</div> Enter the Total from Line 8 in ..... Item 49				

# SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 0 1 2 - 6 8 1

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. Laptop Computer	3,302	3,302	3,302
2.			
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5			
	7. Less Reinvestments		- 0 -
	8. Net Purchases		3 3 0 2
Enter the Total from Line 8 in .....  Item 68			

# SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5					
Enter the Totals from Line 6 in .....  Item 34 .....  Item 50 .....  Item 70 .....  Item 75 .....  Item 34					
			Column (C)	with Explanation	Column (D)



# SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 0 1 2 — 6 8 1

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
Last Name: 1. W r i g h t First Name: G e o r g e Title: P r e s i d e n t Status: C		0	0	2 3 3 4	0	2 3 3 4
Last Name: 2. W h i t e h e a d First Name: F r a n k Title: F i n a n c i a l S e c t. Status: C		0	0	1 0 3 4	0	1 0 3 4
Last Name: 3. F o u n t a i n First Name: B i l l y Title: V i c e P r e s i d e n t Status: C		0	0	4 4 4 0	0	4 4 4 0
Last Name: 4. H a r l e s First Name: T e r r i Title: R e c. S e c r e t a r y Status: C		0	0	1 0 3 4	0	1 0 3 4
Last Name: 5. R i c e First Name: R i c h a r d Title: W a r d e n Status: C		0	0	2 3 3 4	0	2 3 3 4
Last Name: 6. S t e w a r t First Name: C h a r l e s Title: C o n d u c t o r Status: C		0	0	1 0 3 4	0	1 0 3 4
Last Name: 7. G u i c e First Name: H E Title: T r u s t e e Status: C		0	0	1 0 3 4	0	1 0 3 4
8. Totals from additional pages (if any)		-0-	-0-	13,244	-0-	13,244
9. Totals of Lines 1 through 8		-0-	-0-	8,671	-0-	8,671
				10. Less Deductions 0		
Enter the Total from Line 11 in ..... Item 56 ➡				11. Net Disbursements 2 1 9 1 5		

\*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

# SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 0 1 2 - 6 8 1

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
1. Net tuno	Linda	3 9 5 2 0	0	0	0	3 9 5 2 0
Position	Secretary					
Name of Affiliated Organization	Local 2232					
2. Peacock	Gail	2 5 3 5 5	0	0	0	2 5 3 5 5
Position	Secretary					
Name of Affiliated Organization	Local 2232					
3.						
Position						
Name of Affiliated Organization						
4.						
Position						
Name of Affiliated Organization						
5.						
Position						
Name of Affiliated Organization						
6. Totals from additional pages <small>(if any)</small>						
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates						
8. Totals of Lines 1 through 7		64,875	- 0 -	- 0 -	- 0 -	64,875
				9. Less Deductions 7 4 2 8		
Enter the Total from Line 10 in .....				Item 57 ➡	10. Net Disbursements 5 7 4 4 7	

# **SCHEDULE 11 — BENEFITS**

FILE NUMBER: 0 1 2 \_ 6 8 1

Description (A)	To Whom Paid (B)	Amount (C)
1. Annuity	AFL C IO Employee Plan	1,365
2. Health Insurance	CDC Trust Funds	8,352
3. 401(A) Plan	Texas Carpenters	5,850
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		1 5 5 6 7
Enter the Total from Line 6 .....		↑ Item 63


# **SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS**

Description (A)	Amount (B)
1.	
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	
Enter the Total from Line 8 in ..... ↑ Item 64	


# **SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE**

Description (A)	Amount (B)
1. Advertising	6,828
2. Computer	2,763
3. Printing, Postage	5,541
4. Supplies	1,570
5. Utilities, Phone	13,173
6. Maintenance, Cleaning, Other	5,630
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	3 5 5 0 5
Enter the Total from Line 8 in ..... ↑ Item 60	

**SCHEDULE 14 —  
OTHER RECEIPTS**

Description (A)	Amount (B)
1. Miscellaneous Inc.	3,587
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	3 5 8 7
Enter the Total from Line 17 in .....  Item 54	

**SCHEDULE 15 —  
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. Flowers	511
2. Insurance	2,771
3. Property taxes	2,536
4. Meeting expenses	5,790
5. Business meals	2,422
6. Lease payments	2,358
7. Miscellaneous	4,275
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	2 0 6 6 3
Enter the Total from Line 17 in .....  Item 73	

ORGANIZATION NAME: **Carpenters Local 2232**

ENDING DATE OF PERIOD COVERED: **06/30/2001**

FILE NUMBER: 0 1 2 - 6 8 1

PAGE 1 OF 1 ADDITIONAL PAGES

## SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name <b>L i n d l e y</b> First Name <b>R a n d a l l</b> Title <b>T r u s t e e</b> Status <b>C</b>		0	0	1 0 3 4	0	1 0 3 4
Last Name <b>M c C l i s t e r</b> First Name <b>J D</b> Title <b>T r u s t e e</b> Status <b>C</b>		0	0	4 4 4 0	0	4 4 4 0
Last Name <b>G r a y</b> First Name <b>G a r l y n</b> Title <b>T r u s t e e</b> Status <b>C</b>		0	0	3 1 9 7	0	3 1 9 7
Last Name  First Name  Title  Status						
Last Name  First Name  Title  Status						
Last Name  First Name  Title  Status						
Last Name  First Name  Title  Status						
Last Name  First Name  Title  Status						
<b>Totals</b>		<b>- 0 -</b>	<b>- 0 -</b>	<b>8,671</b>	<b>- 0 -</b>	<b>8,671</b>

ORGANIZATION NAME: \_\_\_\_\_

ENDING DATE OF PERIOD COVERED: \_\_\_\_\_

FILE NUMBER: \_\_\_\_\_

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Totals						

SCHEDULE I

MILLWRIGHTS LOCAL NO. 2232 UNITED BROTHERHOOD  
OF CARPENTERS AND JOINERS OF AMERICA

ANNUAL BOND REPORT

JUNE 30, 2001

<u>Amount</u>	<u>Type of Security or Bank Name</u>	<u>Account Number</u>
\$11,018	Southwest Bank	7703025401
31,392	Certificate of Deposit	931-10344198
35,397	Certificate of Deposit	931-10466182
51,954	Certificate of Deposit	931-10494191
22,750	Certificate of Deposit	931-10524716
500	Petty Cash	N/A





UNITED BROTHERHOOD OF CARPENTERS & JOINERS OF AMERICA  
ANNUAL BOND REPORT

THIS REPORT MUST BE FILED WITHIN 90 DAYS OF THE CLOSE OF YOUR ACCOUNTING YEAR

L.U., District, Regional, State or Provincial Council: Millwrights Local Union No. 2232  
City and State or Province: Houston, TX  
Report covers full Accounting Year (check one and fill in): ☐ January 1, \_\_\_\_\_ to December 31, \_\_\_\_\_  
Tax ID# 74-1157544 ☒ July 1, 2000 to June 30, 2001

Line 1: Assets as of the first day of Accounting Year (January 1, \_\_\_\_\_ or July 1, 2000).

ENTER AMOUNTS IN DOLLARS ONLY

A: Cash on hand and in banks (Checking, savings, certificate of deposit) (Line 6A) \$ 181,816  
B: Accounts receivable (Line 7A) \$ -0-  
C: U.S. Treasury securities and other investments (Line 8A and 9A) \$ -0-  
D: Other assets (Line 11A) \$ -0-  
E: Total assets (sum of A thru D) \$ 181,816  
Line 2: Deduct any assets included in Line 1 that were converted to cash during year (Line 23) \$ -0-  
Line 3: Adjusted Assets (Line 1 minus Line 2) \$ 181,816  
Line 4: Cash receipts: Receipts from all sources (Line 25) \$ 228,660  
Line 5: Total assets plus cash receipts (Line 3 plus line 4) \$ 410,476

FINANCIAL DETAILS

All funds of the Local Union, Regional, State or Provincial Council (including contingency, building, etc.) should be included. All lines should be filled in unless otherwise specified on this form.

If your organization has no amount for a particular asset, place a - 0 - in the appropriate line.

Item	Start of Reporting Period (A)	End of Reporting Period (B)
6. Cash	181,816	153,011
7. Loans Receivable	-0-	-0-
8. U.S. Treasury Securities	-0-	-0-
9. Investments	-0-	-0-
10. Fixed Assets	106,133	101,273
11. Other Assets	-0-	1,871
12. TOTAL ASSETS	287,949	256,155

CASH RECEIPTS DURING REPORT PERIOD	AMOUNT
19. Dues	180,884
20. Per Capita Tax	
21. Fees, Fines, Assessments & Work Permits	36,549
22. Interest & Dividends	7,640
23. Sale of Investments & Fixed Assets	-0-
24. Other Receipts	3,587
25. TOTAL RECEIPTS	228,660

LIABILITIES	Start of Reporting Period (C)	End of Reporting Period (D)
13. Accounts Payable	12,513	42
14. Loans Payable	-0-	-0-
15. Mortgages Payable	-0-	-0-

CASH DISBURSEMENTS DURING REPORT PERIOD	AMOUNT
26. To Officers	21,915
27. To Employees	57,447
28. Per Capita Tax	79,234
29. Office & Administrative Expense	35,505
30. Professional Fees	4,850
31. Benefits	15,567
32. Contributions, Gifts & Grants	

